



## DOT/CDL APPLICATION

Dear Prospective Applicant:

Thank you for your interest in a career with the City of Hartsville. To begin the application process, all applicants are required to submit a complete application packet. Incomplete application packets will not be considered.

Complete Application must include:

- Signed application (Available in City Human Resources office or may be downloaded at [www.hartsvillesc.gov](http://www.hartsvillesc.gov))
- Signed waivers
- Ten-year driving record
- Copy of social security card
- Copy of driver's license
- Copy of DD214

As an equal opportunity employer, it is the policy of the City of Hartsville to only hire qualified candidates who are best suited for employment with our agency without regard to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s). The following steps may occur in the employment process:

- Preliminary review of application packet (Human Resources to determine minimum qualifications and then by the hiring Department).
- Preliminary background investigation to include at a minimum:
  - Driver's license and criminal history check
  - Verification of prior employment, education and experience
- Contacts references (in person where practical)
- Thorough investigation of any adverse disclosures or discoveries
- Interview with Department Directors and/or Professional Board
- Interview with HR Director
- Interview with City Manager
- Conditional offer of employment
- Drug testing
- Physical examination (when applicable)
- Orientation for employment

You will be contacted if you are considered beyond the preliminary review of your application. Our process could take from one to three months depending on the department's status of hiring, the scheduling of testing and the applicant's particular background. Please feel free to call with any questions.

Regards,

Sherron L. Skipper  
Administrative Services Director



## Application for At-Will Employment

**This application must be completed in full and signed in blue ink. Incomplete or unsigned applications will not be considered.** Mark all areas that do not apply with "N/A" so as not to leave it to our interpretation as to why it was left blank. If you are selected for an interview, the appropriate department will notify you. Be aware that certain information contained in this completed application may be subject to the **Freedom of Information Act. Thank you for your interest in employment with the City of Hartsville.**

**PLEASE PRINT. (This application is not, and is not intended to be, a contract of employment.)**

**POSITION APPLIED FOR (One position per application)** \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_ State & Exp Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle or had your license, permit or privilege suspended or revoked? ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

Have you been convicted, pled no contest, or pled not guilty of a crime other than a minor traffic violation? ☐ Yes ☐ No  
NOTE: Conviction is not necessarily a bar to employment. Circumstances surrounding the conviction and job applied for are considered.

If yes, please explain. \_\_\_\_\_

Are there any charges or indictments now pending against you? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Are you a citizen of the United States? ☐ Yes ☐ No Are you an alien lawfully authorized to work in the United States? ☐ Yes ☐ No

Have you ever worked for the City of Hartsville? ☐ Yes ☐ No ☐ I am currently a City employee

If yes, what department, position and when? \_\_\_\_\_

Have you ever been terminated or forced to resign from any job? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### AVAILABILITY

<input type="checkbox"/> Immediately	<b>Are you willing to work (check all that apply):</b>	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Outdoors
<input type="checkbox"/> After two week notice		<input type="checkbox"/> Full time (40 hr per week)	<input type="checkbox"/> Nights/Weekends
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Part time (Less than 30 hr per week)	<input type="checkbox"/> Rotating Shifts
		<input type="checkbox"/> Overtime	<input type="checkbox"/> Holidays

### EDUCATION

What specific academic, vocational, technical or professional education(s) have you had that relates to this job?

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE	DEGREE	MAJOR
		Yes _____ No _____		
		Yes _____ No _____		
		Yes _____ No _____		

### MILITARY SERVICE

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

### SKILLS

<b>Computer Software</b>	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> AutoCAD <input type="checkbox"/> Other: _____
<b>Equipment</b>	Indicate the types of equipment you are skilled in operating: <input type="checkbox"/> Trucks/Dump trucks <input type="checkbox"/> Backhoes <input type="checkbox"/> Motor Graders <input type="checkbox"/> Other: _____
<b>Professional Registrations/Licenses/Certifications</b>	Please list (Examples: CPA, EMT, CPR, Water and Wastewater certifications):
<b>Other Training (Include Military)</b>	

## REFERENCES

List three (3) persons (not former employers or relatives) whom you have known for at least three (3) years.

Name	Address	Phone	Occupation

List any relative(s) employed by the City of Hartsville (give name, department, and relationship to you). \_\_\_\_\_

## EMPLOYMENT HISTORY

Please include part-time and temporary employment, as well as job-related military service. List any self-employment. **Attach additional sheets if necessary.**

May we contact your current employer? ☐ Yes ☐ No

<u>Current Employer:</u>			
Name of Company _____		Address _____	
Telephone Number (    ) _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

<u>Previous Employer:</u>			
Name of Company _____		Address _____	
Telephone Number (    ) _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

<u>Next Most Recent Employer:</u>			
Name of Company _____		Address _____	
Telephone Number (    ) _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

<u>Next Most Recent Employer:</u>			
Name of Company _____		Address _____	
Telephone Number (    ) _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

<u>Next Most Recent Employer:</u>			
Name of Company _____		Address _____	
Telephone Number (    ) _____			
Starting Date _____	Entry Job Title _____	Entry Salary \$ _____	per _____
Ending Date _____	Ending Job Title _____	Ending Salary \$ _____	per _____
Detailed Description of Duties _____			
Name and Title of Supervisor _____			
Reason for Leaving _____			

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND SIGN**

**Student Loan:** State Law (59-111-50) prohibits employment with any subdivision of the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Required in blue ink

**Selective Service:** All males between the ages of 18 and 25 are required to be registered with Selective Service. By my signature, I certify that I have registered with Selective Service.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Required in blue ink

**SECTION A:**

It is the policy of the City of Hartsville to select an applicant deemed most suitable to fill each position based on educational background, related work experience, and other work related factors. The City of Hartsville is an Equal Opportunity Employer.

It is further the policy of the City of Hartsville to recruit, hire, train and promote employees and applicants without regard to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s).

The City of Hartsville has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to: Sherron L. Skipper, Administrative Services Director  
Post Office Drawer 2497  
Hartsville, South Carolina 29551  
(843) 383-3018

**SECTION B:**

- I hereby affirm that all statements made herein or attached hereto are true and correct. I understand that all statements are subject to verification and any omission, false, misleading or incomplete statements are grounds to bar me from employment or for dismissal.
- I agree to submit to a urine drug screen, physical or other medical tests, if required for this position. The results of such may be grounds for disqualifying me or terminating my employment.
- I understand and agree that if employed, I will be an employee "at-will" and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the city has the same right.
- I understand that if hired, I must meet the eligibility verification requirements of the Federal Immigration and Naturalization Service and submit appropriate documentation to satisfy the requirements of completing INS Form I-9. This documentation will be provided to the Department of Homeland Security to confirm work authorization through E-Verify.
- I authorize and request each former employer and person, firm or corporation, given as a reference, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application concerning my work habit, character and/or skill.
- The use of this application form in no way obligates the City of Hartsville.
- I certify that I have read, understand and agree to all the statements listed above.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Required in blue ink

(Not a Contract)

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**DOT/CDL REGULATED POSITIONS**

## Required Information Sheet

**This application must be completed in full and signed in blue ink. Incomplete or unsigned applications will not be considered.** Mark all areas that do not apply with "N/A" so as not to leave it to our interpretation as to why it was left blank. If you are selected for an interview, the appropriate department will notify you. Be aware that certain information contained in this completed application may be subject to the **Freedom of Information Act**. **Thank you for your interest in employment with the City of Hartsville.**

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**POSITION APPLIED FOR (One position per application)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_ **State & Exp Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE #	TYPE	EXP DATE

**Driving Experience – If none, write none.**

Class of Equipment	Type of Equipment (Van, tank, Flat, Etc.)	Dates		Approx. # of Miles
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor & Two Trailers				
Other				

List states operated in for last five years. \_\_\_\_\_

Show special courses or training that will help you as a driver. \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

Show any trucking, transportation or other experience that may help in your work for the City. \_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown). \_\_\_\_\_

I hereby certify that all statements made herein or attached hereto are true and I understand that, if employed, any falsehood or misrepresentation is cause for separation from service with the City of Hartsville. I authorize the release of such information as my work, school, police, medical, personal and mental records and other information as needed to determine my qualifications for the position I am seeking with the City of Hartsville. I agree to submit to a pre-employment drug screen and physical as required for the position for which I am applying.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Required in blue ink**

(Not a Contract)

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**DOT/CDL REGULATED POSITIONS  
Required Information Sheet**

**PART I – DOT DRUG AND ALCOHOL RELEASE**

I authorize, per 49 CFR part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to the City of Hartsville. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past two years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

This information that I have authorized the City of Hartsville to review includes tests required by DOT. If any carrier (company/school) listed below furnishes the City of Hartsville with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during two-year period and the name and phone number of any substance abuse professional who evaluated me during the past two years.

<u>Company</u>	<u>City</u>	<u>State</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(Attach additional forms for additional past employers. That form must also include the individual's signature.)**

**Print Name** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_  
Required in blue ink

**Social Security Number (Last 4 digits) XXX-XX-** \_\_\_\_\_ **Date** \_\_\_\_\_

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**PART II – CONSUMER REPORT DISCLOSURE AND RELEASE**

In connection with my application for employment (including contracts for services) with the City of Hartsville, I understand that consumer reports, which may contain public record information, may be requested by the City of Hartsville, Hartsville, South Carolina. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records, as well as information concerning previous driving record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE WITHOUT RESERVATION ANY PARTY OR AGENCY CONTACTED BY THE CITY OF HARTSVILLE TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I have the right to request from the City of Hartsville, upon presentation of proper identification, the nature and substance of all information in its files on me at the time of the request, including the source of information and the recipients of any reports on me which the City of Hartsville has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information, and I agree that such information which the City of Hartsville has or obtains, and my employment history (**not DOT Drug and Alcohol information without a specific consent by me**) with you if I am hired will be supplied by the City of Hartsville to other companies.

I hereby authorize procurement of consumer report(s). If hired or contracted by this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

**Print Name** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_  
Required in blue ink

**Social Security Number (Last 4 digits) XXX-XX-** \_\_\_\_\_ **Date** \_\_\_\_\_

(Not a Contract)

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### **IMPORTANCE OF HONESTY STATEMENT**

It is extremely important that you are completely honest in all of your answers. Honesty is the most important characteristic that you must demonstrate.

The importance of honesty from the time of completion of all application documents, questionnaires and during all interviews cannot be overemphasized. Failure to respond to any questions accurately and completely, whether orally or in writing will result in disqualification. Applicants have been disqualified for dishonesty.

While filling out all documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes, include it."

You may think that something you have done will disqualify you from further consideration. That may or may not be the case. What will certainly disqualify you is lying or distorting the truth. For example, an arrest, being fired from a job, use of drugs, etc. may or may not disqualify you; however, lying about it will disqualify you from further consideration.

By signing below, I acknowledge I have read and understand the contents of the Importance of Honesty Statement.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Applicant Signature (Sign in blue ink)

\_\_\_\_\_  
Date





### **RELEASE OF INFORMATION**

I hereby request and authorize my former employers or other agencies to provide any information requested by the City of Hartsville concerning my employment, including but not limited to, information or opinions as to my character, habit, ability, work record, and reasons for leaving employ; and to investigate and ascertain any and all information concerning my background and my character which may pertain to my qualifications to be considered for employment with said agency. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document.

I understand that if I am applying for employment with certain departments within the City of Hartsville that my credit rating will also be checked. I further understand that if the City of Hartsville is unable, through the exercise of reasonably diligent investigative methods, to obtain information concerning my background, credit rating, and character necessary to evaluate my qualifications to be accepted for employment by the City of Hartsville, I may be rejected for such employment.

I hereby release the City of Hartsville, any person or entity acting on their behalf, and any and all of my former employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause, as a result of releasing said information to any member of the City of Hartsville, or any person or entity acting on their behalf. I further understand that in consideration for said release, the City of Hartsville will regard all information so obtained as confidential and shall not release the same to any person without my express consent.

A copy or fax of this authorization shall be as effective and valid as the original.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
XXX-XX-  
Social Security Number  
Last 4 Digits

\_\_\_\_\_  
Signature (Required in Blue Ink)

\_\_\_\_\_  
Date







## Applicant Data Record

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

The information requested below is needed for state and federal reporting and internal personnel research. This information will be kept in a confidential file within the Human Resources Office.

Qualified applicants are considered for all positions and are treated without discrimination as to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s).

DATE OF BIRTH \_\_\_\_

SEX ☐ Male ☐ Female

ETHNIC BACKGROUND (check one)

- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Two or more races

**How were you referred to the City of Hartsville? Check which one(s) apply.**

- ☐ Walk-In ☐ Friend or Relative ☐ College Placement ☐ City Employee ☐ Newspaper Ad  
☐ Internet ☐ Agency ☐ Other \_\_\_\_\_

**In cooperation with the Family Independence Act of 1995, we are actively recruiting Family Independence, Welfare and food stamp recipients. If you are eligible, you may also qualify for special job training.**

Are you currently receiving AFDC or food stamps? ☐ Yes ☐ No

**To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:**

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- ☐ Vietnam Era Veteran (served between 1964-1975) ☐ Disabled Veteran ☐ Individual with a disability

## An Equal Opportunity Employer

Please contact Sherron Skipper at (843) 383-3018 to give advance notice if you need a reasonable accommodation.